



## SPECIAL EVENT - PUBLIC PROPERTY USER APPLICATION & AGREEMENT



### DO NOT USE FOR

\* Contractor  
vehicle permit

OR

\* Single Day  
Temporary Parking  
Restriction  
Request

### DIRECTIONS

5/31

#### Step One:

- If this request involves closing a street  
Contact Lafayette Police – Special Operations Division / 765-807-1293
- If this request involves renting the Big Four Depot - Community Room,  
Riehle Plaza, or John T. Myers Pedestrian Bridge  
Contact Facilities Department for availability / 765-807-1323

#### Step Two:

- Complete and submit this application to Lafayette Clerk's Office  
City Hall, 2<sup>nd</sup> floor, 20 N 6<sup>th</sup> Street, Lafayette, IN / 765-807-1021

### User Information

Date of Event: 6/4/2022 Time: From: 9 am/pm to: 2 pm/am  
Name: Nikia Washington Organization: Love Life International Ministry  
Street Address: 733 S. 30<sup>th</sup> St.  
City: Lafayette State: IN Zip Code: 47904  
Contact person(s): Nikia Washington Phone Number(s): 219-902-0988  
Email: n.fowler@love.lifeinternational.org  
Event Description: Prayer March  
Caterer: \_\_\_\_\_ Caterer's Phone Number: \_\_\_\_\_

### This event will utilize the following venues (check all that apply):

- ☐ Big 4 Depot - Community Room ☐ Riehle Plaza ☐ John T. Myers Bridge  
☐ City Right-of-way ☐ City Street ☒ Sidewalk ☐ Other \_\_\_\_\_

### This event will include the following elements (check all that apply):

Estimated Attendance: 100 ☐ Private Trash Hauler (must be removed by 8am following day)

☒ Street/Sidewalk/Right-of-way restriction or closure ☐ Food or Beverages

☐ Restroom Facilities (required for events 4+ hours) ☐ Tents/Canopies

☐ Alcohol (security is required) ☐ Security (required when serving alcohol)

Not sure if you need an A&E Permit? Go to:

☐ Amusement & Entertainment Permit # \_\_\_\_\_ <http://www.in.gov/dhs/2795.htm>

☐ Stage ☐ Fireworks ☐ Outdoor cooker/grill ☐ Other \_\_\_\_\_

### Optional Equipment & Services:

- ☐ Traffic Control: barricades, **No Parking** signs, water barriers, **Road Closed** Signs \$25
- ☐ City Equipment: Trash totes, other \$25

### Timetable (Minimum # of days. Advanced planning is encouraged; sequence remains the same)

|       |               |   |  |  |          |          |               |
|-------|---------------|---|--|--|----------|----------|---------------|
|       | 0             | 7 days                                  | 14 days  | 21 days                                  |          |          | 42 days       |
|       | Pre-planning  |   | Notices  | Event Preparation                        |          |          | Event         |
| Begin | 1st week      | 2nd week                                | 3rd week   | 4th week                                 | 5th week | 6th week |               |
|       | First contact | Submit Application<br>Pre-event Meeting | Contact Neighbors<br>prior to Board of Works Hearing | Board of Works Public Hearing & Approval |          |          | Date of Event |

### Application submittal checklist

- ☒ Application
- ☐ Pre-event meeting (if required)
- ☐ Good Neighbor letter to neighboring properties (**send or deliver to neighbors 7 days prior to Board of Works hearing**)
- ☐ Letter of request to Board of Works (omit if only using Big Four Depot community room)
- ☒ Receipt – payment made to City of Lafayette
  - Damage Deposit: \$ \_\_\_\_\_ (required only when renting Depot)
  - Permit Fee: \$ \_\_\_\_\_ (fee waived when renting Depot)
  - Rental Fee: \$ \_\_\_\_\_
  - Equipment & Services: \$ \_\_\_\_\_ (optional)
- ☒ Certificate of Insurance *name will be updated*
- ☐ Amusement & Entertainment Permit # \_\_\_\_\_  
Not sure if you need an A&E Permit? Want more information? Go to:  
<http://www.in.gov/dhs/2795.htm> and see definition of A&E Permit in **Rule and Regulations** instructions found at the same link as the **Special Event Application**
- ☐ Traffic Control / Public Safety / Emergency Plan
- ☒ User Agreement
- ☒ Board of Public Works and Safety meeting (if required)



## USER AGREEMENT:

INDEMNIFICATION AND RELEASE. In consideration of being permitted the use of the venue(s) indicated above on this document (the "Property"), which Property is owned by the City of Lafayette, User as indicated below, for User and User's legal representatives, successors, and assigns, hereby releases waives and discharges the City of Lafayette, its officers, departments and employees and of them (herein collectively, "City") from all liability to User and User's officers, members, legal representatives, successors, invitees and assigns (herein collectively "User") from any and all loss or damage, and any claim of damages resulting therefore, on account of injury to persons or property arising out of possession or use of the Property, whether caused by the negligence of City, or any of them, or otherwise, resulting during the time the User is entitled to occupy and use the Property. User shall exercise the privileges under this Agreement at User's own risk, and irrespective of any negligence of City, User shall indemnify and hold City harmless from any and all liability for all damages, costs, losses and expenses resulting from, arising out of, or in any way connected with User's use and possession of the Property, including attorney fees incurred by City in defending any action arising out of User's possession or use of the Property, whether caused by negligence of the City, or any of them, or otherwise. City shall not be liable to User for any reason whatever User's occupation or use of the Property shall be hindered or disturbed. User agrees that User has made inspection of the Property and is not relying upon any representations of City or any of them as to the condition of state of repair of the Property or to its suitability for any particular purpose. This release, waiver, and indemnification is intended to be as broad and inclusive as permitted by the laws of the State of Indiana, and if any portion thereof is held invalid, the balance shall, notwithstanding, continue in full legal force and effect.

I have read the above Indemnification and Release and the Policy and Rules governing the use of any public property, city street, sidewalk or public property within the city's right-of-way, the James F. Riehle Plaza, Big Four Community Room, and John T. Myers Main Street Pedestrian Bridge. I agree on my own behalf, and on behalf of the group or organization I am authorized to represent, to such Indemnification and Release and to follow such Rules and Regulations which are incorporated and made a part of this user agreement.

"Lafayette Board of Works"

By: \_\_\_\_\_

Date: \_\_\_\_\_

"User"

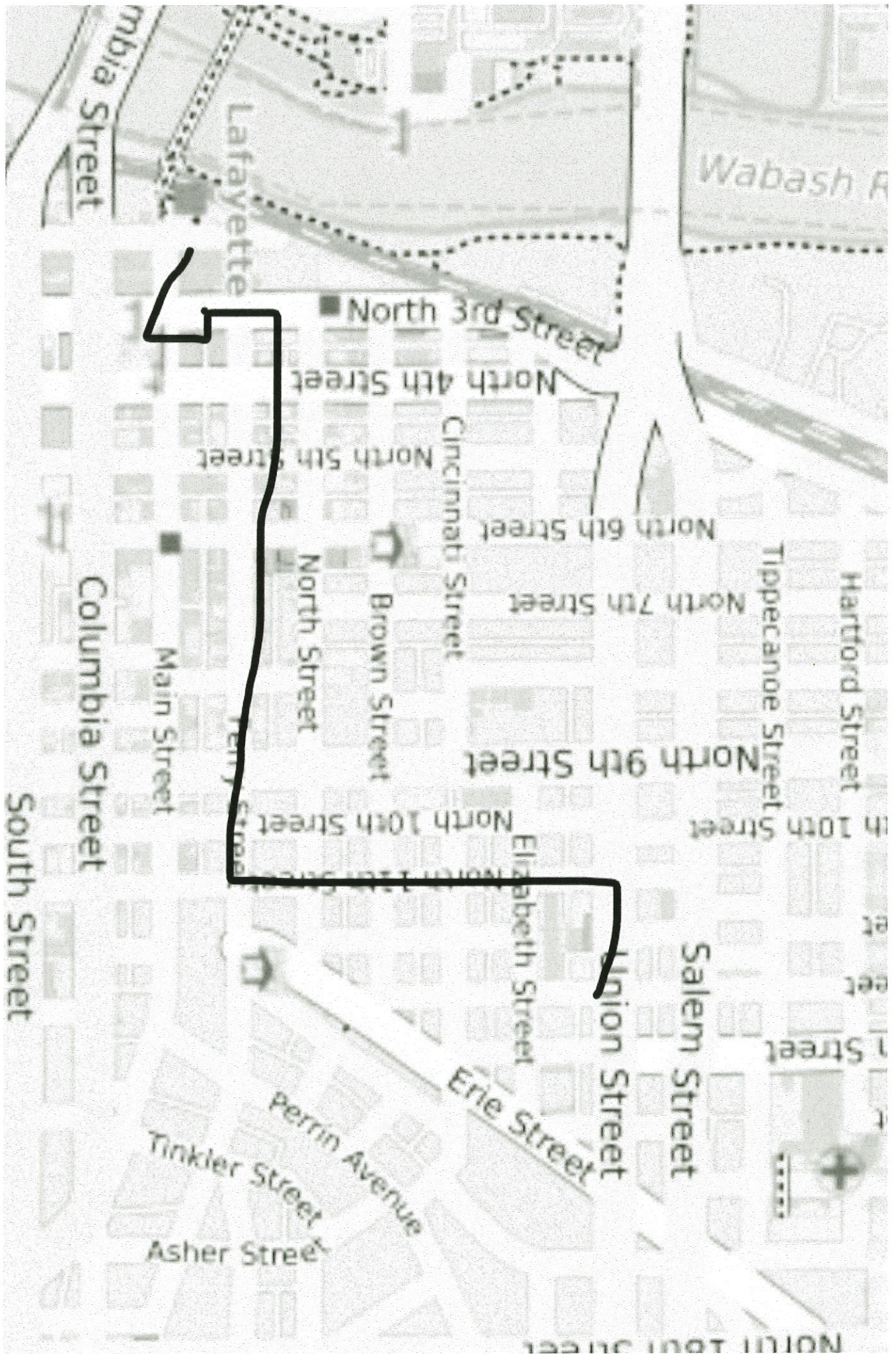
By: \_\_\_\_\_

Signature

Printed: \_\_\_\_\_

Date: \_\_\_\_\_









# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/02/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|   |   |
|---|---|
| <b>PRODUCER</b><br>Foresite Sports, Inc.<br>DBA: Eventsured<br>24 S. Newtown Street Road<br>Newtown Square, PA 19073    | <b>CONTACT NAME:</b> Eventsured Customer Service<br><b>PHONE (A/C, No. Ext):</b> 888-882-5902<br><b>E-MAIL ADDRESS:</b> info@eventsured.com<br><b>FAX (A/C, No):</b>                        |
| <b>INSURED</b><br>Love Life International Ministries<br>Nikia Washington-Fowler<br>733 s 30th st<br>Lafayette, IN 47904 | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> Houston Casualty Company<br><b>INSURER B:</b><br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> |
|   | <b>NAIC #</b><br>42374  |

**COVERAGES****CERTIFICATE NUMBER:** TM236871**REVISION NUMBER:**


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE   | ADDL INSR | SUBR WVD | POLICY NUMBER       | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|---|-----------|----------|---------------------|-------------------------|-------------------------|---|
| A        | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | Y         |          | H21SE00006/TM236871 | 06/04/2022<br>12:01AM   | 06/05/2022<br>2:01AM    | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 1,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 1,000,000<br>DEDUCTIBLE \$ 0 |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS  |           |          |                     |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
|          | <b>UMBRELLA LIAB</b><br><b>EXCESS LIAB</b><br>DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>  |           |          |                     |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$  |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/><br>If yes, describe under DESCRIPTION OF OPERATIONS below  |           |          |                     |                         |                         | WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |
|          |   |           |          |                     |                         |                         |   |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Additional Insureds must be venue managers or municipalities and are added with respect to our insured's operations only. Waiver of Subrogation (WOS) and Primary & Non-Contributory (PNC) wording applies only when coverage is purchased by the insured, required by written contract and as indicated below. This coverage is with respect to the Church Meeting/Service to be held on 06/04/2022 - 06/04/2022 with 250 attendees at City of Gary Board of Works 20 N 6th St Lafayette, IN 47901. Additional Insureds include: City of Gary Board of Works 20 N 6th St Lafayette, IN 47901; City of Lafayette.

**CERTIFICATE HOLDER****CANCELLATION**

|   |  |
|---|--|
| City of Gary Board of Works<br>20 N 6th St<br>Lafayette IN, 47901 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|---|--|

MISCELLANEOUS PAYMENT RECPT#: 3219509  
City of Lafayette, IN  
20 N 6th St  
Lafayette IN 47901

DATE: 05/09/22 TIME: 14:31  
CLERK: sscott DEPT:  
CUSTOMER#: 999  
MISC CUSTOMER  
COMMENT: LOVE LIFE INTERNATIO

CHARGES:  
APG1 APPLICATION FEE 25.00  
AMOUNT PAID: 25.00

PAID BY: WILLIAM FOWLER  
PAYMENT METH: CREDIT CARD  
V#8347 EX 0126

REFERENCE:

AMT TENDERED: 25.00  
AMT APPLIED: 25.00  
CHANGE: .00